

SCHOOL CONSENT FORM for RELEASE of NAME, ADDRESS, and PHONE NUMBER

I have indicated below whether I wish to have me / my student's name, address, and telephone number disclosed to the groups that may request it.

_____ DO NOT DISCLOSE my /my student's name, address, and telephone to any entity without my prior permission.

Or

_____ DO NOT DISCLOSE my /my student's name, address, and telephone number to the entities checked below without prior permission:

_____ U.S. military (Army, Navy, Air Force, Marines, etc.)

_____ Colleges and other educational institutions

_____ Prospective employers

Student's Name: _____

Student's Signature: _____

OPTIONAL:

Parent's Name: _____

Parent's Signature: _____

Date: _____